

**ADMINISTRATIVE REMARKS**

NAVPERS 1070/613 (Rev. 10-81)

S/N 0106-LF-010-6991

E-32

SHIP OR STATION

**ACKNOWLEDGEMENT OF VOLUNTARY FUNERAL HONORS DUTY ASSIGNMENT**

\_\_\_\_\_  
Date: I have this date volunteered for assignment to Funeral Honors Duty (FHD) assignment under the Military Funeral Honors program. Such assignment will be under the following conditions:

- a. That acceptance of an assignment is strictly voluntary.
- b. That by performing a FHD assignment I will receive a Funeral Honors Duty Allowance (FHDA) in the amount of \$50.00, less federal and applicable state income tax.
- c. That by performing a FHD assignment I will receive one retirement point.
- d. That if the location to which I am directed to report (funeral location, Reserve Activity, or location to meet government transportation) is more than 50 miles from my place of residence, and if authorized by orders, I will be eligible for reimbursement of travel expenses.
- e. That while I may perform honors at more than one funeral per day, only one period of FHD will be assigned for FHDA payment and retirement point credit on any given day.

I acknowledge the following regarding with my voluntary assignment to FHD:

- a. I will be carried on the FHD Volunteer Roster of my assigned Naval Reserve Activity until I request to be removed.
- b. I will be required to maintain current contact points and telephone numbers for recall information.
- c. I will be required to maintain dress uniforms and to report for FHD in the designated uniform.
- d. That I will be required to report to my Reserve Activity, to a location to meet government transportation, or to the location of the funeral.
- e. That for the period of FHD assignment, which will include the time between my departure from and return to my personal residence or place of work, I will be subject to the Uniform Code of Military Justice.
- f. That for the period of FHD assignment, which will include the time between my departure from and return to my personal residence, I will be entitled to medical benefits authorized for the duty status under which I perform honors.

Witnessed:

\_\_\_\_\_  
Member Signature\_\_\_\_\_  
Commanding Officer or designee

NAME: (Last, First, Middle)

SSN:

BRANCH AND CLASS: